

Disclosure of Healthcare Costs and Quality: 2019 Legislation

2019 General Session of the Utah Legislature | May 31, 2019

During its 2019 General Session, the Utah Legislature considered seven bills related to the disclosure of healthcare costs and quality. Three bills required that data collected by the Utah Department of Health be made more readily available to others (all passed), two bills required healthcare providers to disclose additional price information (neither passed), and two bills required disclosure of price-related information by pharmaceutical benefit managers (one passed, one did not). Summaries of the bills are included below, with **green headings** denoting bills that passed and **red headings** denoting bills that did not.

UTAH DEPARTMENT OF HEALTH

Disclosure of Data in API Format

Requires the Department of Health to make aggregated data produced under the Utah Health Data Authority Act available to the public through an application program interface.

([S.B. 229](#), Weiler)

Disclosure of Data to State Auditor; State Auditor Tool for Consumers; Publication of Paid Amounts for at Least the Top 50 Procedures in State

Requires the state auditor to create a tool to present healthcare price information to consumers in a manner that is clear and accurate; authorizes the auditor to make the information available via an application program interface; and requires the Health Data Committee to annually publish the median amounts paid for the 50 most commonly performed medical procedures in the state.

([H.B. 178](#), Daw)

Air Ambulance Services – Disclosure of Contracted Insurers, Out-of-Network Charges, and Balance Billing

Reauthorizes the Air Ambulance Committee and requires an EMS provider to provide a patient in need of air medical transport with information collected by the committee specifying with whom each transport provider contracts, average out-of-network charges by each provider, and whether each provider balance bills.

([S.B. 74](#), Harper)

performed procedures and prohibits a hospital from billing for anything not charged to the patient within 120 days.

([H.B. 443](#), Winder)

Itemized Estimate of Episode of Care Cost

Requires certain health care providers to provide a patient with an itemized estimate of the cost of providing health care services before the patient receives the health care services and prohibits a health care provider from billing a patient in certain circumstances.

([S.B. 265](#), Anderegg)

PHARMACY BENEFIT MANAGERS

Disclosure of Rebate Information, Licensing of PBMs, Prohibited Actions

Requires a PBM to report rebate information to the Insurance Department, requires the department to publish the information, requires a PBM to be licensed by the department, amends the limit on the amount a PBM may require an insured customer to pay for a covered prescription drug, and prohibits certain actions by a PBM.

([H.B. 370](#), Ray)

Disclosure of Rebate Information; Licensing of PBMs; Reporting of Other Prescription Drug Information

Requires a pharmacy benefit manager to be licensed by the Insurance Department, requires reporting by certain entities on costs and spending on prescription drugs, requires other reporting related to prescription drugs, and enacts or amends other provisions related to health care services or prescription drugs.

([S.B. 223](#), Cullimore)

HEALTHCARE PROVIDERS

Publication of Allowed Claims

Requires a health care provider to publish the charged price and the median amount paid by insurers for the provider's 25 most commonly